

MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030431

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

Primary Registration District No.

Registrar's No.

DO NOT WRITE
ON THIS STUB

AMENDED

77
AUG 28 1962

3016

325

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City, Missouri		c. CITY OR TOWN California, Mo	
Length of stay in 1b 2 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Comm. Hospital		d. STREET ADDRESS (If outside, give location) South Oak Street	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Raymond Middle Eugene Last Harris		4. DATE OF DEATH Month August Day 21 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-24-1939
9. AGE (last birthday) 23		IF UNDER 1 YEAR Months 0 Days 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Surveyor		10b. KIND OF BUSINESS OR INDUSTRY State Highway	
11. BIRTHPLACE (City and state or country) Centertown, Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Ralph L. Harris (dec)		13b. MOTHER'S MAIDEN NAME Thelma Harlan	
14. NAME OF HUSBAND OR WIFE JoAnna Coats (divorced)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 1956 to 1960 Navy	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Mrs. E. E. Binkley *Mother (same address)	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured Pelvis with Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 3 days	
Conditions, if any, which gave rise to above cause (b), stating the underlying cause last: DUE TO (b) Brain Injury		DUE TO (c) Multiple Carcinoma + Abrasions	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Auto Accident	
20c. TIME OF INJURY Hour 2 a.m. 8-19-62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		20f. CITY, TOWN, OR LOCATION California	
20g. COUNTY Moniteau		20h. STATE Mo	
21. I attended the deceased from Aug 15, 1962 to Aug 21, 1962 and last saw her alive on Aug 21, 1962 Death occurred at 7:10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deduce or title) Marshall C. Kelly M.D.		22b. ADDRESS Jefferson City Mo	
22c. DATE SIGNED 8/21/62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 8/23/1962		23c. NAME OF CEMETERY OR CREMATORY City Cemetery	
23d. LOCATION (City, town, or county) California, Missouri		25. DATE RECD. BY LOCAL REG. 21 August 1962	
24. FUNERAL DIRECTOR Hugh E. Williams, California, Missouri		26. REGISTRAR'S SIGNATURE R.P. Davis M.D. - Richter Reg.	

USE BLACK INK
OR
TYPEWRITER RIBBON

SEP 5 1962

AUG 28 1962

AUG 28 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Russell C. Maag

Licensed Embalmer No.

4804

P. O. Address

California, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.